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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Applicant: Baumgart) Art Unit: 2652
Serial No.: 10/620,634) Examiner: Tupper
Filed: July 16, 2003) HSJ920030064US1
For: DISK DRIVE HEAD WITH RADIALLY SPACED READ AND WRITE ELEMENTS ON RESPECTIVE PROTRUSION PADS) March 14, 2005) 750 B STREET, Suite 31:) San Diego, CA 92101)

RESPONSE TO OFFICE ACTION

Commissioner of Patents and Trademarks Washington, DC 20231

Dear Sir:

In response to the Office Action dated March 7, 2005, please amend the above-captioned patent application as follows.

04/28/2005 MGORD N 00000001 502587 10620634

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HISS-S.AMD

PAGE 1/10 * RCVD AT 3/14/2005 12:37:55 PM [Eastern Standard Time] * SVR:USPTO-EFXRF-1/0 * DNIS:8729305 * CSID:16193388078 * DURATION (mm-ss);62-14

PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10620634

CLAIMS AS FILED - PART I (Column 1)						mn 2)	_	SMALL EN	ITITY	OR	OTHER SMALL	
TOTAL CLAIMS		24				•	RATE	FEE) 	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			\$\frac{1}{2}\frac{1}{2}\text{ minus 20= * 4}		• 4			X\$ 9=		OR	X\$18=	72
INDEPENDENT CLAIMS) mir) minus 3 = *				X42=		OR	X84=	· 6
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter				"0" in c	olumn 2		TOTAL		OR	TOTAL	822	
3/4/0 S CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL I	THAN
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	24	Minus	# 2	4	=		X\$ 9=		OR	X\$18=	
	Independent	+ '5	Minus	***	<u>3</u>	= 2		X42=		OR	X84=	004
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +14							+140=		OR	+280=		
							1	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	004
(Column 1) (Column 2) (Column 3)								95,126			,	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		_		X\$ 9=		OR	X\$18=	
	Independent	* NTATION OF MI	Minus	***	CLAINA	<u> </u>] [X42=		OR	X84=	
	THEOL	IVIANOR OF INC	JETIFEE DEF	ENDEM	CLAIM		1	+140=		OR	+280=	·
							L	TOTAL ADDIT, FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colur		(Column 3)				-		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X42=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.140-			.000		
* If the entry in column 1 is less than the entry in column 2, write *0* in column 3.						OR	+280=					
***	**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											